

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **03 71 94 10**  
FILING DATE  
APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/		/			
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24	/					
25		/		/		
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		/		/		
32		/		/		
33		/		/		
34		/		/		
35	/			/		
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41				/		
42				/		
43				/		
44			/			
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.	9					
TOTAL DEP.	31					
TOTAL CLAIMS	40					
51						
52				/		
53				/		
54				/		
55			/			
56			/	/		
57			/	/		
58			/	/		
59				/		
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			9			
TOTAL DEP.			40			
TOTAL CLAIMS			49			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS